

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)**(CFA-4)
Summary Sheet**

FILE NUMBER

6635

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.IS THIS AN AMENDMENT? ☐ Yes ☒ No**COMMITTEE INFORMATION**1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name
Hall, Render, Killian, Heath & Lyman, P.C. Political Action Committee, LLC2. Acronym or abbreviated name, if any
HRKHL C-PAC3. Committee telephone number
(317) 633-48844. Mailing address (address where all campaign finance correspondence is received)
ONE AMERICAN SQUARE, SUITE 2000, BOX 8206☐ Check if this is a new address5. City, state, ZIP code
INDIANAPOLIS IN 46282

6. Party affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committee Only)

7. Full name of candidate (include any nickname)

8. Party affiliation or if independent

9. Office sought (include district number, if any. **Not required for exploratory committee.**)

10. County of residence

TYPE OF REPORT**CONVENTION CANDIDATES ONLY**11.
PreElect12. Check one:
☐ Pre-Convention
☐ Post-Convention12. Reporting period:
From: 04/12/2014 Through: 10/10/2014COLUMN A
This PeriodCOLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0.00

14. Cash on hand and investments January 1, current year.

0.00

CONTRIBUTIONS AND RECEIPTS

(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

8,224.00

8,224.00

15b. Unitemized

0.00

0.00

15c. Add lines 15a, and 15b in both columns

SUBTOTAL

8,224.00

8,224.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

8,224.00

8,224.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

8,164.00

8,164.00

17b. Unitemized

0.00

0.00

17c. Add lines 17a and 17b in both columns

SUBTOTAL

8,164.00

8,164.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

60.00

60.00

19. Debts OWED BY the committee (use Schedule D)

0.00

20. Debts OWED TO the committee (use Schedule E)

0.00

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

Signature Included

Treasurer

10/14/2014

Signature of Candidate (if applicable)

Date

Signature Included

10/14/2014

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)**FOR OFFICE USE ONLY**Filed: Online
10/14/14 2:03 pm**FILED**

OCT 14 2014

Elizabeth A. White



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1	Hall, Render, Killian, Heath & Lyman, P.C. One American Square, Suite 2000 Indianapolis IN 46282	Contribution: Direct Deposit	8,084.00	8,084.00	06/30/2014
					J. Peek
2	Hall, Render, Killian, Heath & Lyman, P.C. One American Square, Suite 2000 Indianapolis IN 46282	Contribution: Direct	140.00	8,224.00	08/04/2014
					J. Peek
SUB TOTAL THIS PAGE OF SCHEDULE A			\$	8,224.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)			\$	8,224.00	

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE B)
Itemized Expenditures**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount paid** to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code: Contributions 1 Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis IN 46282		Direct Purpose: For contributions for State Senate	2,000.00	2,000.00	08/06/2014
Code: Contributions 2 Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis IN 46282		Direct Purpose: Contribution for State House of Representative Races	2,000.00	4,000.00	08/06/2014
Code: Missing 3 Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis IN 46282		Direct Purpose: For contributions to Senate Legislative Caucuses	2,000.00	6,000.00	08/06/2014
Code: Contributions 4 Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis IN 46282		Direct Purpose: For contributions for House Legislative Caucuses	2,000.00	8,000.00	08/06/2014
Code: Operations 5 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose: Stop Payment Fees	140.00	140.00	08/04/2014
Code: Operations 6 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose: Service Fee	12.00	12.00	06/30/2014
Code: Missing 7 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose: Service Fee	12.00	152.00	09/30/2014
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 8,164.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 8,164.00		